



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 038 \*\*\*\*61.25

**DOCUMENT # N99000002519**

1. Entity Name  
**JEFFERSON COUNTY YOUTH COUNCIL, INC.**



Principal Place of Business

555 TIGER TRAIL  
MONTICELLO, FL 32344

Mailing Address

PO BOX 346  
MONTICELLO, FL 32345

**50018913**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3609234**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALSEY, LARRY  
275 NORTH MULBERRY ST.  
MONTICELLO, FL 32344

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROANN, GLADYS
STREET ADDRESS	P.O. BOX 524
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	VCD
NAME	BAYLOR, BEN <i>Larry Freeman</i>
STREET ADDRESS	655 PUGSLEY DR <i>1280 S. Jefferson St</i>
CITY-ST-ZIP	MONTICELLO, FL 32344 <i>Monticello, FL 32344</i>
TITLE	TD
NAME	HALSEY, LARRY
STREET ADDRESS	P.O. BOX 167
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	S
NAME	BROCK, VERNA <i>Shanka farmer</i>
STREET ADDRESS	260 N CHERRY ST <i>340 RR St</i>
CITY-ST-ZIP	MONTICELLO, FL 32344 <i>Monticello, FL 32344</i>
TITLE	ED
NAME	WHITTY, JEFF <i>Deveda Bellamy</i>
STREET ADDRESS	1567 SPRING HOLLOW DR <i>P.O. Box 346</i>
CITY-ST-ZIP	MONTICELLO, FL 32344 <i>Monticello, FL</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Gladys Roann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-06**

Date

Daytime Phone #